

XX

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-049410

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 7

Primary Registration District No. 3012

Registrar's No. 133

FILED FEB 4 1962

1. PLACE OF DEATH

a. COUNTY

CLAY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN

Excelsior Springs

Length of stay in 1b

19 yrs.

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 218 W. Excelsior St.

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY

OR
TOWN

Excelsior Springs

Inside Limits

Yes ☒ No ☐

d. STREET (If outside, give location)

ADDRESS 218 West Excelsior St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Lennie

Hortense

Moyers

4. DATE
OF
DEATH

Month

Day

Year

Dec.

24

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/17/1878

9. AGE (last birthday)

84

IF UNDER 1 YEAR

Months

IF UNDER 24 HR

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Felicity, Ohio

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Franklin Moyers

13b. MOTHER'S MAIDEN NAME

Ella Watson

14. NAME OF HUSBAND OR WIFE

Annie Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. Annie Moyers, 218 West Excelsior, Excelsior Springs, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hepatic coma

INTERVAL BETWEEN
ONSET AND DEATH
days

DUE TO (b)

Malignancy of Pancreas

months

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 10-28-1962 to Dec. 24-62 and last saw him alive on 12/24/62
Death occurred at 3:10 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Thelma J. Smith

22b. ADDRESS

116 South St.

Excelsior Springs, Mo.

22c. DATE SIGNED

12-26-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

burial

23b. DATE

12/26/62

23c. NAME OF CEMETERY OR CREMATORY

Fabius Cemetery

23d. LOCATION (City, town, or county)

near Lancaster, Missouri

(State)

24. FUNERAL DIRECTOR

Prichard Fun. Home--Ex. Springs, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12-29-62

26. REGISTRAR'S SIGNATURE

Barbarine Hutchings

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS.

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 4 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lindell Jaxman

Licensed Embalmer No.

4589

P. O. Address

Excelsior Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.